COLUMBUS NURSING & REHABILITATION CENTER

825 WESTERN AVENUE

COLUMBUS 53925 Phone: (920) 623-2520 Ownership: Limited Liability Company Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with CBRF? No Operate in Conjunction with Hospital? Number of Beds Set Up and Staffed (12/31/02): 92 Title 18 (Medicare) Certified? Total Licensed Bed Capacity (12/31/02): 98 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: Average Daily Census:

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/02)	%			
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	36.1
Supp. Home Care-Personal Care	No					1 - 4 Years	39.8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.6	More Than 4 Years	24.1
Day Services	No	Mental Illness (Org./Psy)	18.1	65 - 74	13.3		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	33.7		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	1.2	85 - 94	42.2	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.2	95 & Over	7.2	Full-Time Equivalen	t
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Re	sidents
Home Delivered Meals	No	Fractures	1.2		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	19.3	65 & Over	96.4		
Transportation	No	Cerebrovascular	6.0			RNs	11.7
Referral Service	No	Diabetes	9.6	Sex	90	LPNs	9.4
Other Services	Yes	Respiratory	8.4			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	34.9	Male	34.9	Aides, & Orderlies	40.0
Mentally Ill	No			Female	65.1		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		

Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	:		amily Care		1	Managed Care			
Level of Care	No.	00	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	90	Per Diem (\$)	No.	00	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	 5	8.8	126	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	6.0
Skilled Care	11	100.0	282	52	91.2	108	0	0.0	0	14	100.0	170	0	0.0	0	1	100.0	333	78	94.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	11	100.0		57	100.0		0	0.0		14	100.0		0	0.0		1	100.0		83	100.0

COLUMBUS NURSING & REHABILITATION CENTER

*******	*****	******	*****	*****	*****	******	******					
Admissions, Discharges, and	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02											
Deaths During Reporting Period		0 Nandina										
					% Needing		Total					
Percent Admissions from:		Activities of	8		sistance of	% Totally	Number of					
Private Home/No Home Health	14.6	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents					
Private Home/With Home Health	0.0	Bathing	0.0		79.5	20.5	83					
Other Nursing Homes	3.4	Dressing	12.0		63.9	24.1	83					
Acute Care Hospitals	79.8	Transferring	33.7		47.0	19.3	83					
Psych. HospMR/DD Facilities	1.1	Toilet Use	21.7		44.6	33.7	83					
Rehabilitation Hospitals	0.0	Eating	55.4		36.1	8.4	83					
Other Locations	1.1	*******	*****	*****	*****	******	******					
Total Number of Admissions	89	Continence		%	Special Trea	tments	%					
Percent Discharges To:		Indwelling Or Extern	al Catheter	14.5	Receiving :	Respiratory Care	0.0					
Private Home/No Home Health	20.0	Occ/Freq. Incontinen	t of Bladder	62.7	Receiving '	Tracheostomy Care	2.4					
Private Home/With Home Health	18.9	Occ/Freq. Incontinen	t of Bowel	57.8	Receiving	Suctioning	2.4					
Other Nursing Homes	4.2	1			Receiving	Ostomy Care	2.4					
Acute Care Hospitals	21.1	Mobility			Receiving '	Tube Feeding	4.8					
Psych. HospMR/DD Facilities	1.1	Physically Restraine	d	0.0	Receiving 1	Mechanically Altered Diets	0.0					
Rehabilitation Hospitals	0.0	1										
Other Locations	0.0	Skin Care			Other Reside:	nt Characteristics						
Deaths	34.7	With Pressure Sores		0.0	Have Advan	ce Directives	0.0					
Total Number of Discharges		With Rashes		0.0	Medications							
(Including Deaths)	95	I			Receiving	Psychoactive Drugs	72.3					

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

		Owne	ership:	Bed	Size:	Lic	ensure:				
	This	This Proprietary Facility Peer Group		50	-99	Ski	lled	Al	1		
	Facility			Peer	Group	Peer Group		Facilities			
	%	%	Ratio	%	Ratio	%	Ratio	용	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	88.3	85.1	1.04	88.5	1.00	86.7	1.02	85.1	1.04		
Current Residents from In-County	51.8	75.4	0.69	72.5	0.71	69.3	0.75	76.6	0.68		
Admissions from In-County, Still Residing	19.1	20.1	0.95	19.5	0.98	22.5	0.85	20.3	0.94		
Admissions/Average Daily Census	102.3	138.3	0.74	125.4	0.82	102.9	0.99	133.4	0.77		
Discharges/Average Daily Census	109.2	139.7	0.78	127.2	0.86	105.2	1.04	135.3	0.81		
Discharges To Private Residence/Average Daily Census	42.5	57.6	0.74	50.7	0.84	40.9	1.04	56.6	0.75		
Residents Receiving Skilled Care	100	94.3	1.06	92.9	1.08	91.6	1.09	86.3	1.16		
Residents Aged 65 and Older	96.4	95.0	1.01	94.8	1.02	93.6	1.03	87.7	1.10		
Title 19 (Medicaid) Funded Residents	68.7	64.9	1.06	66.8	1.03	69.0	1.00	67.5	1.02		
Private Pay Funded Residents	16.9	20.4	0.83	22.7	0.74	21.2	0.79	21.0	0.80		
Developmentally Disabled Residents	0.0	0.8	0.00	0.6	0.00	0.6	0.00	7.1	0.00		
Mentally Ill Residents	18.1	30.3	0.60	36.5	0.50	37.8	0.48	33.3	0.54		
General Medical Service Residents	34.9	23.6	1.48	21.6	1.62	22.3	1.57	20.5	1.70		
Impaired ADL (Mean)	48.7	48.6	1.00	48.0	1.01	47.5	1.02	49.3	0.99		
Psychological Problems	72.3	55.2	1.31	59.4	1.22	56.9	1.27	54.0	1.34		
Nursing Care Required (Mean)	1.5	6.6	0.23	6.3	0.24	6.8	0.22	7.2	0.21		